

## **MCFRS COMMENTS ON DRAFT ENVIRONMENTAL IMPACT STATEMENT FOR NATIONAL NAVAL MEDICAL CENTER**

### **GENERAL COMMENTS**

#### **Risk Reduction**

Being a federal entity, the National Naval Medical Center (NNMC) and future Walter Reed National Military Medical Center (WRNMMC) are not required to meet Montgomery County's fire and building codes even though the facility is located within the County. While the facility must meet federal codes and standards, the NNMC/WRNMMC is nonetheless **encouraged to include a full complement of fire detection, alarm, and suppression systems within its new and renovated buildings**, as required in Montgomery County codes, as well as carbon monoxide detection/alarm systems within residential occupancies on site. In addition, the NNMC/WRNMMC is **encouraged to establish and maintain a robust risk reduction program**, including implementation of comprehensive fire prevention measures, annual building inspections, fire safety education, and injury prevention education. An effective risk reduction program should result in fewer and less-severe injuries to WRNMMC employees and visitors as well as fewer fires at the facility, resulting in less property damage.

#### **Emergency Response**

While the NNMC presently has an on-site fire department (Station 50) operating a four-person engine on a 24/7 basis, the facility is **encouraged to expand its capabilities for emergency medical incidents prior to BRAC implementation**. Presently, emergency medical services (EMS) at the NNMC are provided by first-responders on board Station 50's engine, with mutual aid EMS provided by the National Institutes of Health (NIH) Fire Department (Station 51) and the Montgomery County Fire and Rescue Service (MCFRS). "BLS," or basic life support services (i.e., patient care and transport to hospital), at the NNMC are provided primarily by the NIH Fire Department ambulance and MCFRS ambulances in accordance with mutual aid agreements. "ALS," or advanced life support services (i.e., advanced patient care and transport), at the NNMC are provided by MCFRS medic units per mutual aid agreement.

Mutual aid calls to the NNMC by MCFRS apparatus (averaging 40 incidents per year and 50 unit responses per year between 2002 and 2006) will likely double (i.e., approximately 80 incidents and 100 unit responses) following BRAC implementation. The anticipated increase in call load is related to the vast increase in the number of patients and visitors

projected for the facility, plus the additional 2200-2500 employees to be transferred from Walter Reed Army Medical Center. The number of vehicle collisions on roadways in the vicinity of WRNMMC is expected to increase as well, resulting in additional assistance provided by MCFRS units (i.e., EMS units, rescue squads, and fire engines).

While Federal Stations 50 and 51 will handle the majority of the increased fire and EMS call load at WRNMMC related to BRAC, the overall impact on MCFRS call volume should be in the low to moderate range, as MCFRS Stations 20, 41, and 7, collectively, are expected to have capacity to absorb this increased demand for services. The greatest impact will be on Station 41 – the Bethesda Chevy Chase Rescue Squad – whose medic units, much like today, will provide nearly all of the advanced life support services to the WRNMMC<sup>1</sup> and whose ambulances, as today, will provide most of the basic life support services when the NIH Fire Department’s ambulance is unavailable to respond to the WRNMMC. To provide its personnel and visitors the most effective EMS services and to rely less upon mutual aid EMS assistance, the NNMC/WRNMMC is **encouraged to expand its fire department capabilities to include BLS transport and advanced life support services, including ALS transport.**

Following BRAC implementation, response times by MCFRS units could increase by 20% or more due to higher weekday traffic volume on roadways immediately adjacent to the WRNMMC, including “failed” intersections (i.e., those having a Level of Service rating of “F” for critical lane volume exceeding 1600 vehicles per hour). While MCFRS units should be able to meet Montgomery County’s response time goals onto the WRNMMC facility itself, response time goals may be exceeded in areas beyond WRNMMC due to these traffic congestion issues. For example, MCFRS apparatus assigned to Stations 20 (Bethesda), 7 (Chevy Chase), and 41 (Bethesda-Chevy Chase Rescue Squad) might, on weekdays, have difficulty reaching certain portions of Bethesda, Chevy Chase, Kensington, and south Rockville within response time goals that they can reach presently within these goals. Increased response times will impact not only the first-due unit(s) but all units that are due on multi-unit assignments such as vehicle collisions, structure fires, hazmat incidents, etc.

Other impacts that MCFRS will experience related to increased traffic congestion associated with the WRNMMC include higher fuel usage and greater probability of collision while responding. These impacts will have an adverse fiscal impact on MCFRS and, thus, upon Montgomery County and its taxpayers.

To alleviate a portion of the traffic congestion-related impacts upon the MCFRS, **it is recommended that wide shoulders be constructed along Rockville Pike, Cedar Lane, and Jones Bridge Road in the vicinity of the WRNMMC** that could be used by emergency vehicles to move quickly through traffic congestion. **An alternative would be the designation of an existing or future traffic lane for use by emergency vehicles only on roadways in the vicinity of the WRNMMC.** Absent one or both of these alternatives, MCFRS vehicles will have great difficulty moving through traffic, particularly during rush hours, in the vicinity of the WRNMMC and points beyond.

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<sup>1</sup> Absent the addition of ALS resources at WRNMMC’s Station 50.

### **COMMENTS SPECIFIC TO SECTION 3.10.4.2**

Change: “Montgomery County Fire and Rescue Department” to “Montgomery County Fire and Rescue **Service**” (MCFRS).

Change: MCFRS staffing figures to: “approximately 1800-2000 career and volunteer firefighter-rescuers.”

Add paragraph: “Due to their close proximity to the NNMC/WRNMMC, MCFRS Stations 20 (Bethesda), 41 (Bethesda-Chevy Chase Rescue Squad), and 7 (Chevy Chase) provide the majority of MCFRS’ mutual aid assistance to the NNMC/WRNMMC. Apparatus located at these stations include emergency medical services (EMS) units, fire suppression units, rescue squads, and hazardous material units. Other nearby MCFRS stations (Kensington Station 5 and Bethesda Stations 6 and 26), as well as others in adjacent areas of Montgomery County, provide additional mutual aid fire, rescue, and EMS assistance to the NNMC/WRNMMC when needed.”

Comment: Do not see the need to mention fire departments from Prince Georges County and Washington D.C. as they would only be involved in providing services to the WRNMMC under very unusual circumstances (e.g., mass casualty incident, multi-alarm fire of four alarms or higher).